

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report 7/16/2018

Auditor Information

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Company Name: Diversified Correctional Consultants	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, Ga. 31516
Telephone: 678-200-3446	Date of Agency Visit: 3/19-20/18

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Madison County Youth Center		Madison County Circuit Court, Division 2	
Physical Address: 3420 Mounds Rd.		City, State, Zip: Anderson, Indiana 46017	
Mailing Address: same		City, State, Zip: same	
Telephone: (765) 646-9268		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Madison County Youth Center promotes the healthy development of youth and families through the provision of individualized, day reporting and secure detention services.

Agency Website with PREA Information: <http://madisoncty.com/YouthServicesCenter.html>

Agency Chief Executive Officer

Name: George Pancol	Title: Judge
Email: gpancol@madisoncounty.in.gov	Telephone: (765) 646-9268

Agency-Wide PREA Coordinator

Name: Deb Jacobsen	Title: PREA Coordinator
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Email: djacobsen @madisoncounty.in.gov		Telephone: (765) 646-9268	
PREA Coordinator Reports to: Superintendent Noel Gary Williams		Number of Compliance Managers who report to the PREA Coordinator none	
Agency Information			
Name of Agency: Madison County Youth Center			
Physical Address: 3420 Mounds Rd.			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (765) 646-9268			
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
<input type="checkbox"/> Other			
Agency Mission: The Madison County Youth Center promotes the healthy development of youth and families through the provision of individualized, day reporting and secure detention services.			
Agency Website with PREA Information: http://madisoncty.com/YouthServicesCenter.html			
Is this agency accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Agency Administrator/Superintendent			
Name: Noel Gary Williams		Title: Superintendent	
Email: gwilliams@madisoncounty.in.gov		Telephone: (765) 646-9268	
Agency PREA Compliance Manager			
Name: Deb Jacobsen		Title: PREA Coordinator	
Email: djacobsen@madisoncounty.in.gov		Telephone: (765) 646-9268	
Agency Health Service Administrator			
Name: S and R Medical		Title: Health Administrator	
Email: N/A		Telephone: (765) 646-9268	
Agency Characteristics			
Designated Agency Capacity: 32		Current Population of Agency: 9	

Number of residents admitted to agency during the past 12 months		174
Number of residents admitted to agency during the past 12 months whose length of stay in the agency was for 10 days or more:		103
Number of residents admitted to agency during the past 12 months whose length of stay in the agency was for 72 hours or more:		130
Number of residents on date of audit who were admitted to agency prior to August 20, 2012:		0
Age Range of Population:	12-18	
Average length of stay or time under supervision:		21-44 days
Agency Security Level:		Maximum
Resident Custody Levels:		Maximum
Number of staff currently employed by the agency who may have contact with residents:		23
Number of staff hired by the agency during the past 12 months who may have contact with residents:		8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		1
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 7
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		1
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Madison Juvenile Detention Center employs a video camera system for video surveillance technology. Cameras were placed in strategic locations throughout the institution grounds to ensure the safety and security of both residents and staff.		
Medical		
Type of Medical Agency:		Triage and basic service
Forensic sexual assault medical exams are conducted at:		Madison County Sexual Assault Treatment Center
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the agency:		5
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-audit Preparation Period

In preparation for a scheduled PREA audit, the agency posted notices in the facility to advise visitors, residents, staff, volunteers and contractors of the upcoming review. Posted notices included the name of the auditor, a contact address and an invitation for all to write private letters focusing on PREA related concerns or experiences. Before the onsite audit, the auditor did not receive any letters. Based on the notices and interviews with random and targeted residents, the notices were posted well in advance of the audit date of February 19-20, 2018. The auditor established lines of communication via email with the PREA Coordinator to discuss logistics and expectations for the onsite audit. The PREA Coordinator was set as the point-of-contact for the Pre-audit questionnaire (PAQ). The agency also submitted the PAQ for review, supporting documents such as facility PREA policies, proof of practices in the form of agency policy statements, and a resident handbook in English.

Sample Methodology-Juvenile Residents

Madison County Youth Center's resident sample size was determined by the census of male and female residents nine (9) on the first day of the audit in conjunction with the established sample size criteria outlined by the PREA Resource Center (PRC) representative rubrics. Random residents were selected from a population roster of different housing units, dated February 19, 2018. The overall number of random resident interviewed was nine (9).

Targeted residents were selected from a roster of self-identified individuals from vulnerable categories such as Gay, Bisexual, Disabled, Transgender, Intersex, or a resident who reported prior sexual victimization during risk screening. Zero (0) residents were housed in segregated housing because of a PREA related incident. Zero (0) residents were identified from the disabled category. Zero (0) residents were classified as limited English proficient (LEP). Zero (0) residents interviewed self-identified as Gay and zero (0) residents interviewed self-identified during intake with a history of victimization in the community during risk screening.

Sampling Methodology- Staff/Volunteers/Contractors

Specialized staff interviewees (13) were selected based on the specific job responsibilities or the role of the employee working in the agency. In some cases, staff held dual functions such as the PREA Coordinator/ retaliation monitor/Juvenile Detention Officer. Random staff (5) (correctional and other disciplines) were selected from a roster of current employees working on each of the shift rotations during the onsite audit review period. A sample of three (3) volunteers and one (1) contractor working at Madison County Youth Center were interviewed telephonically. Likewise, the community SANE point of

contact for Madison County Sexual Assault Treatment Center was interviewed by telephone as part the PREA audit process.

First Day-Onsite Audit Period/Briefing/Tour/Specialized Staff Interviews

Madison County Youth Center (MCYC), Anderson, Indiana, on-site Prison Rape Elimination Act (PREA) audit was conducted at the agency on February 19- 20, 2018. The review was completed by Sonya Love, PREA Auditor for Diversified Correctional Consultants. This is the first PREA audit for this agency. The initial meeting covered a discussion of logistical schedules for the on-site audit, the agency tour, a review of the audit process, identification of resident and staff samples for random interviews, identification of specialized staff for interviews on day two and time was given to allow for questions from the administrator. The meeting included the following person: PREA Coordinator/Manager.

On day one of the onsite PREA audit, a comprehensive tour was conducted of the agency. The tour included areas such as intake, all living units, education, medical, visitation, dining hall, lawyer interview rooms, segregation, the health services department, recreation, food service, agency support areas, courtroom, and other program areas. During the tour, this auditor found sufficient staffing and surveillance cameras to ensure a safe environment for residents and staff. Several security concerns were cited during the tour; however, MCYC immediately began corrective action to enhance the security of the agency. Day one also included interviews with specialized staff such as the counselor and medical practitioner.

Investigations

During the current audit period, there was one reported allegation of sexual abuse/sexual harassment. The incident occurred in the community, the resident reported the incident during the facility intake process. The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012: Zero (0). One (1) SANE exam was completed in the past 12 months because of a PREA allegation.

Day Two

Day two of the onsite audit included interviews with residents (random), upper agency management, random staff, a review of sample criminal background for volunteers, staff, and contractors. A review of staff and volunteer training documentation. Interviews with shift correctional staff, shift supervisors, telephone calls to a random sample of volunteers and telephonic contact with the community forensic hospital SANE nurse.

Agency Characteristics

The auditor's description of the audited agency should include details about the agency type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the agency, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

VISION STATEMENT

The Madison County Youth Center will maintain a high standard of care and meet the ever-changing needs of youth and families through ongoing assessment and evaluation, improvement of current programs, resources and staff development.

HISTORY

Madison County Youth Center (MCYC) is a county juvenile detention agency that houses residents of Madison County. MCYC is a self-contained agency occupying one (1) building. Madison County has a long history of providing local placement services and programs to youth who have become involved with the juvenile justice system. Established in the early 1920's, the Bronnenberg Children's Home served as an orphanage housing many children for several decades. The Bronnenberg Children's Home, located on Mounds Road east of Anderson, was the county's last orphan's home, replacing a previous facility on Columbus Avenue in Anderson. The Bronnenberg Home was in service until the 1980's. It was demolished, and a Juvenile Facility built on the property. The Bronnenberg Chapel still stands.

In 1970, the juvenile detention center was built and provided secure detention for males and females. Later, as the need for residential treatment for delinquent youth became evident, a girls' residential unit and a boys' residential unit were established in 1978 and 1981, respectively. During this time, the Juvenile Court requested county officials to administratively combine all juvenile probation and placement services under the name of Juvenile Court Services. From the mid-80's on, Juvenile Court Services experienced an escalation in the number of out-of-county placements, as well as the cost of these placements. As a result, juvenile court personnel began planning for new facilities and improved programs to better meet the needs of Madison County youth.

In early 1991, Madison County officials authorized the Court to develop the Madison County Youth Center. Much of the county funds that had previously been allocated for out-of-county placement were diverted to the Youth Center budget to provide for an increase in local services. The Madison County Youth Center was dedicated in April 1994. After presiding as the juvenile court judge in Superior Court II for 30 years, Judge Jack Brinkman retired at the end of 2008. The Honorable Judge George Pancol assumed the bench in January 2009.

YOUTH CENTER PROGRAMS AND SERVICES

The Madison County Youth Center was designed as a campus setting, offering a continuum of care for both delinquent and non-delinquent youth. Youth in campus programs benefit from the availability of supportive services, including education, recreation, counseling, religious programs, and medical care.

SECURE DETENTION

The Secure Detention Unit, located within the Administration Building, houses 32 juveniles both male and female, that have been charged with a delinquent act and are awaiting the court process, and/or those adjudicated delinquent and sentenced for a period of up to 180 days.

Day Reporting

The Madison County Youth Center Day Reporting Program, located in Sycamore Place, is a court ordered program for delinquent youth, both male and female, ranging from 10 to 180 days. The program is designed to provide intensive weekday supervision, educational planning and instruction, community/recreational activities, community service opportunities, and cognitive behavioral programming.

Educational Programming

Individualized academic services are provided at the Madison County Youth Center Learning Center, year-round, to juveniles held within the Secure Detention Unit. When appropriate, Learning Center personnel coordinate with the juvenile's home school to ensure that the juvenile's academic needs are met, and proper credits are earned. Learning Center personnel provide instruction in the core subjects as well as areas of enrichment (i.e. art, computers, music, etc.), tutoring services, assistance in the development of educational/behavioral intervention plans and represent students at case conferences. GED instruction and testing are also available on campus for probationers both on and off campus.

In addition, a variety of alternative programming is offered by off campus providers to assist in the moral, physical, emotional, and spiritual development of the youth.

Counseling Services

Qualified mental health professionals are available to provide mental health assessment and screening services; individual, group, and family counseling; and referral services as appropriate. In addition, crisis intervention counseling services are available 24 hours per day, 7 days a week.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Number of Standards Met: 45

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Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

Deficiencies Observed /Noted;

1. Standard 115.315 – Staff looked directly into a shower room used for drug testing. A PREA friendly shower curtain was hung – this issue was corrected before submission of the final report.
2. Standard 115.316 - The agency did not ensure that written materials were provided in formats or through methods that ensured effective communication with residents who are limited English proficient. MCYC contracted for a provider to produce a resident handbook in Spanish. This issue was corrected before the issuance of the final report.
3. Standard 115.317 - During a review of staff criminal background checks, it was determined that the Nurse Practitioner did not have a current criminal background check. The agency corrected this problem by submitting a current criminal background check for the Nurse Practitioner.
4. Standard 115.313 – A review of evidence for this standard indicated that the agency did not conduct at least one annual review until very early in February 2018. Standard 115.313 demonstrates that at least once every year the agency, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to, the staffing plan; prevailing staffing patterns, the deployment of monitoring technology; or the allocation of agency or agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The agency corrected this problem by completing a comprehensive staffing analysis for 2017, in February of 2018. The report included an overall assessment of the current staffing plan and a determination for the need to request additional enhancements (agency or staffing plan) to improve the sexual safety of residents. The agency 2017 assessment was completed by the PREA Coordinator and submitted to the Superintendent of MCYC for approval. The PREA Coordinator documented whether adjustments were needed in areas such as staffing, video monitoring, upgrades to technology and considered the necessity for additional resources to adhere to the staffing plan. The auditor examined MCYC's annual analysis which outlined a review of staffing patterns, resource needs, and trends. This issue was corrected before the issuance of the final report.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.311 (c)

- If this agency operates more than one agency, has each agency designated a PREA compliance manager? (N/A if agency operates only one agency.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the agency's efforts to comply with the PREA standards? (N/A if agency operates only one agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The Madison County Youth Center (MCYC), Policy Number 115.311, Zero Tolerance of Sexual Abuse & Sexual Harassment, addressed Standard 115.311. By examination the auditor confirmed that MCYC Policy Number 115.311, outlined how the agency will respond, detect,

and prevent all incidents of sexual abuse and harassment. The policy and resident handbook includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for residents who participate in sexual misbehaviors.

MCYC appointed a PREA Coordinator. MCYC is the sole juvenile detention agency in Madison County. The auditor examined the organizational chart of the agency. Based on the examination and an interview, the auditor determined that the PREA Coordinator is a member of upper-level management and reports directly to the Superintendent. The PREA Coordinator confirmed she has sufficient time and authority to develop, implement, monitor, and oversee the agency's efforts to comply with all PREA related standards. The PREA Coordinator reports directly to the Superintendent in all matters related to the Prison Rape Elimination Act. Also, the agency has staff (Compliance Monitor and Training Coordinator) to assist the PREA Coordinator. During interviews with the PREA Coordinator, she explained that the Compliance Monitor and Training Coordinator have sufficient time and authority under the supervision of the PREA Coordinator to also aide the agency in compliance with PREA. For matters related to PREA compliance both the Compliance Monitor and Training Coordinator report to the PREA Coordinator.

Moreover, the Madison County Youth Center, Policy Number 115.311, outlined the agency's position on all forms of sexual abuse and sexual harassment. During the intake process, the auditor observed the process and interviewed a probation intake officer to confirm compliance with Standard 115.311. Interviews (random) with residents confirmed that they were informed orally, issued written material such as a PREA pamphlet in English and Spanish, about the agency's Zero-Tolerance Policy. At the time of the audit, the resident handbook was only available in English. MCYC contracted with a vendor to publish a resident handbook in Spanish. Additional information on the agency's sexual abuse and harassment policy was on display throughout the agency (living units, hallways, classrooms, and general visitation) in English and Spanish.

All interviews with staff (random) and residents (random) confirmed that each was aware of MCYC's Zero-Tolerance Policy towards all forms of sexual abuse/harassment. The commitment to the enforcement and implementation of PREA, along with an examination of policy and documentation supports the agency's compliance with this standard.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private

agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Madison County Youth Center (MCYC), Policy Number 115.311, page 1, the agency does not contract for the confinement of residents with any other entity.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each agency has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each agency has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each agency has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the agency's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- Does the agency ensure that each agency's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No

- In circumstances where the staffing plan is not complied with, does the agency document all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.313 (c)

- Does the agency maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the agency maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the agency fully document any limited and discrete exigent circumstances during which the agency did not maintain staff ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Is the agency obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

- In the past 12 months, has the agency, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the agency, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the agency, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The agency's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the agency, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the agency has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

- Has the agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Does the agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the agency? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.313, Supervision, and Monitoring, MCYC Staffing Plan updated in February 2018, addressed the written policy requirements of Standard 115.313. A review of evidence for this standard indicated that the agency did not conduct at least one annual (2017) staffing review until very early in February 2018.

The PREA Coordinator assumed her role in early February 2018. The PREA Coordinator confirmed for the auditor her understanding that the review of the MCYC Staffing Plan should take place at least annually. The PREA Coordinator explained that she established a staffing review committee early in her tenure and completed the required annual review of the MCYC Staffing Plan with input from disciplines such as the Compliance Monitor, Training Coordinator, Shift Supervisors and members of management. The committee was tasked with the responsibility of reviewing the facilities staffing plan and employee utilization platform to determine if MCYC met the standard requirements outlined in Standard 115.313 and provided for the sexual safety of the residents. The PREA Coordinator as a committee member provided her input as to whether adjustments to the staffing plan may be necessary to meet PREA requirement.

Early in 2018, the agency corrected the omission of the annual staffing plan review and analysis by completing a comprehensive staffing analysis for 2017. The report included an overall assessment of the current staffing plan and a determination for the need to request additional enhancements (agency or staffing plan) to improve the sexual safety of residents. A review of the staffing plan confirmed that MCYC included the eleven (11) criteria considerations cited in Standard 115.313 (a). Moreover, MCYC's staffing plan also included

considerations outlined in this standard such as generally accepted juvenile detention practices, judicial findings of inadequacy, staffing patterns and mandatory staff ratios, the composition of the resident population, the number of Detention Officer Supervisors assigned to manage each shift, and the use of video monitoring to deter sexual abuse and harassment in the agency. The agency 2017 assessment was completed by the PREA Coordinator and submitted to the Superintendent of MCYC for approval. The PREA Coordinator documented whether adjustments were needed in areas such as staffing, video monitoring, upgrades to technology and considered the necessity for additional resources to adhere to the staffing plan.

Following Standard 115.313, MCYC cited deviations from their prescribed staffing plan due to low staff numbers and emergency codes. The agency provided the auditor with documented samples that outlined exigent circumstances under which the agency altered the MCYC Secure Detention and Security Schedule Staffing Plan. During the prior 12 months, the PREA Coordinator and Superintendent confirmed that PREA issues were considered when filling positions and developing work rosters/assignments. Furthermore, the agency found all items detailed in Standard 115.313. The PREA Coordinator and Superintendent confirmed that all essential posts were filled on each shift and no essential posts were kept open for salary savings.

PREA unannounced rounds are conducted by the facility Secure Detention Manager and (3) Shift Supervisors. The PREA Walkthrough Logs confirmed that intermediate-level or higher-level supervisors (department heads at a minimum) conduct and unannounced document rounds throughout the agency. Staff at MCYC are prohibited by the Supervision and Monitoring Directive, Policy Number 115.313, from alerting other employees regarding unannounced rounds. Interviews with residents and housing unit officers also confirmed that Detention Officer Supervisors and upper-management all conduct random, unannounced rounds including nights and weekends. An examination of unannounced rounds from the prior 12 months and senior correctional staff interviews, review of documentation confirmed compliance with Standard 115.313.

According to the PREA Coordinator and the Superintendent, there have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard in the prior 12-month period. MCYC met the requirements of Standard 115.313.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the agency always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.315 (b)

- Does the agency always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the agency document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the agency document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- Does the agency implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the agency require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the agency require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

115.315 (e)

- Does the agency always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the agency determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- Does the agency/train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the agency/train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.315, Limits to Cross-gender Viewing and Searches, pages 1-4, addressed the requirements of Standard 115.315. The Madison County Youth Center overall rated capacity does not exceed 50 residents.

Madison County Youth Center does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There was no cross-gender visual body cavity or strip searches conducted in the agency during the audit period. In exigent circumstances, random and specialized staff interviewed explained that they would be required to document the incident on an MCYC Incident Report, all cross-gender strip searches, and cross-gender visual body cavity searches. Interviews with the PREA Coordinator and intake staff confirmed that they were aware of the prohibition of a visual body cavity or strip searches of the residents of the opposite sex except in exigent circumstances. Staff interviews also confirmed that officers had been trained on how to conduct cross-gender pat searches. Training records confirmed that MCYC correctional staff were trained on how to conduct cross-gender searches in exigent circumstances.

The auditor confirmed by observations during the tour of the housing units that residents are permitted to shower, perform bodily functions and change clothing privately. MCYC showers are single showers with an attached dressing area. Residents (random) interviewed confirmed that they are required to dress in the shower area before exiting. Random residents interviewed also confirmed that agency staff "knock and announce" when the opposite gender is entering a living unit to notify the residents otherwise when they enter a resident housing unit. The practice was observed during the tour of the entire agency.

Madison County Youth Center, Policy Number 115.315, Limits to Cross-gender Viewing and Searches Employees also prohibits staff from searching or physically examining Transgender or Intersex residents for the sole purpose of determining the resident's genital status. Interviews with residents confirmed that they had been pat-searched by officers professionally

and adequately. Interviews with random and specialized staff, observations and an examination of documentation such as the Staff Training Acknowledge Form, confirm training in this area complies with Standard 115.315. MCYC complies with all requirements of Standard 115.315.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

The Madison County Youth Center, Policy Number 115.316, Residents with Disabilities and Residents who are limited English Proficient, pages 1-2, and the agency resident handbook (English/Spanish) address the requirements of Standard 115.316. Through policy and practice, Madison County Youth Center ensured that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The overall number of random resident interviewed was nine (9). Zero (0) residents were housed in segregated because of a PREA related incident. Zero (0) residents were identified as disabled. Zero (0) resident was classified as limited English proficient (LEP). Zero (0) resident interviewed self-identified as Gay and zero (0) resident interviewed self-identified during intake with a history of victimization in the community during risk screening.

The auditor examined MCYC, Secure Detention Unit 24-hour interpreter call list. The call list included home and cell numbers for each interpreter. Also, this auditor interviewed intake staff, and random correctional officers that confirmed that the agency was taking appropriate steps to ensure residents with disabilities had an equal opportunity to participate. The PREA Coordinator and intake staff discussed and confirmed what steps MCYC afforded all juvenile offenders to ensure effective communication with residents who are deaf or hard of hearing such as, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, and using any necessary specialized vocabulary. Specialized staff (educator) interviewed confirmed that MCYC also provided disabled or Limited English Proficient (LEP) residents with written materials that were produced in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Residents sampled during the onsite audit verified receipt of PREA (sexual abuse/harassment/retaliation) information and instruction during the intake process. All PREA related information, including postings, brochures and handouts were available in English and Spanish which was confirmed through resident interviews and during a tour of the agency. Madison County Youth Center by policy and through staff interviews with the PREA Coordinator, Superintendent, random staff and specialized staff interviews all confirmed that the agency does not use resident interpreters, resident readers or other types of resident assistants in the performance of first responder duties or during the investigation of a resident's allegations. Moreover, an interview with a first responder confirmed his awareness of the prohibition of using resident interpreters for PREA related incidents. Interviews with staff residents and an examination of supporting documentation established compliance with Standard 115.316.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement agency, juvenile agency, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement agency, juvenile agency, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Madison County Youth Center, Policy Number 115.317, Hiring and Promotion Decisions, pages 1- 3, indicated that the agency does not hire or promote anyone who may have contact with residents to include contractors and volunteers with a history of engaging in sexual abuse (e.g. jail, lock-up, community confinement, juvenile agency, or other institution), or has attempted to engage in such activity or had been civilly or administratively adjudicated in any of the above inappropriate behaviors. The same policy affirmed that the Madison County Youth Center must perform a criminal background check on all staff, contractors, and volunteers that may come-in-contact with residents of the agency.

A review of the Madison County Youth Center employment application process confirmed that the agency employment procedure included a required criminal background check (national and local), Sex and Violent Offender Checks, and a fingerprint check (national and state).

Further examination affirmed MCYC had as a duty to make a best effort to contact prior employers to include institutional employment to obtain information related any substantiated allegations of sexual abuse or resignations before the conclusion of a sexual abuse investigation. The auditor interviewed the PREA Coordinator and the Human Resource Manager to determine compliance with this standard. Also, the auditor reviewed eight (8) staff pre-employment records and confirmed that MCYC completed criminal background checks on each applicant before employment. Madison County Youth Center employment questionnaire required potential employees, volunteers and contractors to disclose any adjudication or substantiated finding of sexual abuse or sexual misconduct during the pre-employment phase of the employment process. A sample review of five (5) of twenty-nine (29) current employees indicated that criminal background checks were conducted at least every five years on four (4) of the five (5) employees. One (1) employee a Nurse Practitioner (contractor) did not have a current criminal background check. The agency corrected this problem by submitting a current criminal background check for the Nurse Practitioner.

The Human Resource Manager indicated that as part of performance reviews or promotional consideration every employee has a continuing affirmative duty to disclose to the Madison County Youth Center upper-management misconducts and any material omissions regarding such misconduct would be grounds for termination. Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resources Manager confirmed that MCYC attempts to contact prior employers for information on substantiated allegations of

sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager stated that MCYC would provide information on substantiated allegations of sexual abuse or sexual harassment involving any former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Human Resource Manager would notify her supervisor who in turn would alert the appropriate licensing/certifying agencies when professional staff is terminated for substantiated allegations of sexual abuse or harassment. A review of policy and relevant supporting documentation and staff interviews supports compliance with Standard 115.317.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new agency or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/agency has not acquired a new agency or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/agency has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Madison County Youth Center has had no substantial upgrades in technology since August 20, 2012. This is the first PREA audit for the agency.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside agency, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/agency is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Madison County Youth Center, Policy Number 115.321, Evidence Protocol and Forensic Medical Examinations, pages 1-4, indicated that all allegations of sexual abuse are referred to an entity (Department of Child Services) (DCS) and Madison County Sheriff's Department with the legal authority to investigate a PREA incident. The agency/facility is responsible for conducting administrative sexual abuse investigations.

"Because the Court and the Agency itself are not responsible for investigating allegations of sexual abuse, the Agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this policy. The PREA Coordinator shall work collaboratively with Department of Child Services "DCS" and the Madison County Sheriff's Department to establish parameters regarding investigations (initial investigation by Agency investigators) and logistics regarding Rape Crisis Centers and Victim Advocates."

The PREA Coordinator and Superintendent confirmed during individual interviews their role and responsibility beyond the notification of DCS/Madison County Sheriff's Department would be to follow the uniform evidence protocol, preserve the crime scene, protect the victim and provide support services (e.g., forensic examination, victim advocacy when dictated).

During her interview, the PREA Coordinator confirmed that the agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." She also provided the auditor with an example and documentation to support a resident that disclosed an allegation of sexual assault in the community during intake and what steps her facility took to ensure the safety of the resident, seek SANE evaluation, provide medical care and follow-up emotional support for the resident.

The Madison County Youth Center, the PREA Coordinator, serves as the liaison between DCS, the Madison County Sheriff's Department and the agency. Criminal investigations conducted by the Madison County Sheriff's Department through Memorandum of Understanding dictates the investigation and prosecution when applicable. Both the DCS and the Madison County Sheriff's Department are mandated reporters of sexual abuse. Staff (random and specialized) interviews at Madison County Youth Center confirmed their understanding of PREA and their duty to report, prevent, and respond to all allegation of sexual abuse or harassment.

Additionally, interviews with youth care staff, intake staff, and health services personnel confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence when sexual abuse is alleged. Staff (random and specialized) were aware that the Madison County Sheriff's Department and the Indiana Department of Child Services (DCS) would all allegations of sexual abuse and referred all criminal findings to the Madison County Sheriff's Department. Victims of sexual assault are referred to health services for initial examination, triage, and treatment. Any said treatment would be for life preservation only, and the victim would be transported to a Madison County, Sexual Assault Treatment Center, Community Hospital, Anderson, Indiana, for examination, treatment and forensic evidence gathering by a SANE Nurse. All sexual abuse advocacy, examinations, treatment, testing and follow-up care is provided without cost to the victim.

Alternative Inc. of Madison County has been trained and will serve as a victim advocates when needed.

"Alternatives, Inc. has a person-centered philosophy that is dedicated to providing each person served the support needed to assist in achieving his/her goals."

Interviews with a medical staff person confirmed that a SANE Nurse from Madison County Sexual Assault Treatment Center and an examination of relevant documentation (Memorandum of Understanding and telephonic interview with SANE Nurse) also confirm compliance with Standard 115.321

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/agency is responsible for criminal investigations. See 115.321(a).]
☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.322, Evidence Protocol and Forensic Examination, pages 1-4, addressed the requirement of Standard 115.322. The policy requires administrative or criminal investigations to be completed on all allegations of sexual abuse/harassment by an outside entity (DCS and the Madison County Sheriff's Department). Both external entities hold the legal authority to investigate all forms of sexual abuse/sexual harassment. To the extent possible the PREA Coordinator and Superintendent during individual interviews indicated that their role and responsibility beyond the notification of DCS would be to follow the uniform evidence protocol, preserve the crime scene, protect the victim and provide support services (e.g., forensic examination, victim advocacy, when dictated).

Review of training documentation confirmed that the agency memorandum of understanding (MOU) with the Madison County Sheriff's Department included the investigative agent completing specialized sexual assault investigative training inside correctional facilities. The auditor examined training documentation that confirmed his training. The interview with the PREA investigator for the Madison County Sheriff's department confirmed through explaining how the agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The Madison County Youth Center, the PREA Coordinator, serves as the liaison between DCS, the Madison County Sheriff's Department and the agency. Potentially criminal incidents are referred to the Madison County Sheriff's Department for further investigation and possible prosecution. Both the DCS and the Madison County Sheriff's Department are mandated reporters of sexual abuse.

Madison County Youth Center staff (random and specialized) interviews confirmed their understanding of PREA and their duty to report, prevent, and respond to all allegation of sexual abuse or harassment. Additionally, interviews with the PREA Coordinator, Superintendent, and other staff confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence when sexual abuse is alleged. Staff (random and specialized) were aware that the Department of Child Services (DCS) investigated all allegations of sexual abuse and referred all criminal findings to the Madison County Sheriff's Department. Examination of PREA Coordinator's training record confirms the agency's compliance with Standard 115.322.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☐ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's agency? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a agency that houses only male residents to a agency that houses only female residents, or vice versa? ☒ Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.331, Training, and Education, pages 1-3, addressed the requirements of Standard 115.331. All Madison County Youth Center staff, as well as new employees, are mandated to participate in PREA and agency policy and procedure training annually. The training addressed the eleven (11) topics identified in the Standard 115.331 such as zero-tolerance for sexual abuse and harassment, how to detect, prevent, report and respond to reports of sexual abuse and harassment, resident rights and how to communicate with resident who self-identify as transgender, intersex, gay, bisexual, or gender nonconforming. Between training, MCYC provides employees, who may have contact with residents, with refresher information about current policies regarding sexual abuse and harassment. PREA refreshers training is accomplished during a facility staff meetings and one-on-one meetings/ training with staff.

The auditor examined employee training curriculum and the PREA Training Sign-in Sheets. Training included topics such as;

- Guidance on Cross-gender and transgender pat searches- Training Outline
- Guidance on Cross-gender and Transgender pat searches-Video
- Guidance on Cross-gender and Transgender pat searches- PowerPoint Training (PPT)
- Guidance on Cross-gender and Transgender pat searches
- Agency's Zero Tolerance Policy
- Juvenile Rights and Responsibilities Training (PPT)
- PREA Training Video-US DOJ
- Resident Rights – Resident Handbook 2018
- Sexual Harassment Training (PPT)
- Working with Gender Diverse Youth In Corrections Training

The training provided and staff knowledge of the PREA requirements confirmed that the agency follows Standard 115.331.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.332, Training, and Education, pages 1-2, addressed the requirements of Standard 115.332. The review of a three (3) volunteer and one (1) contractor PREA training sign-in forms along with telephonic interviews both confirmed that the agency contractors and volunteers receive training related to their responsibilities concerning the PREA (Zero-Tolerance, detection, prevention, response, and reporting requirements) during the previous twelve-month period and annual refresher instruction. A review of the PREA contractor and volunteer training curriculum confirmed that the level of education provided by MCYC was appropriate for the services offered and emphasizes the agency's Zero-Tolerance of sexual abuse/harassment and the mandatory reporting policies. MCYC complied with the requirements of Standard 115.332.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No
- Do residents receive education upon transfer to a different agency to the extent that the policies and procedures of the resident's new agency differ from those of the previous agency?
☒ Yes ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
☒ Yes ☐ No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.333, Resident Education, page 1, complied with Standard 115.333. The tour of the Madison County Youth Center confirmed that PREA education posters were prominently displayed in all housing units and common/program areas. PREA education posters were also found in the facility lobby and visitation interview area.

Intake staff explained the initial processing of a resident into the facility. Juvenile Detention Officer staff indicated that during the in-take processing, each resident received a Resident Detention Manual 2018 (English/Spanish), the auditor confirmed that the manual, PREA brochure (cartoon format) and PREA video was age appropriate for the population by reviewing each format platform.

The nine (9) residents (random) interviewed during the audit confirmed that Madison County Youth Center provided a comprehensive age-appropriate PREA education either the same day or by day two (2) of detention. A review of intake processing forms (20) from 2017 and resident education during the same time (12-month audit) period confirmed that Madison County Youth Center conducted resident education and intake processing within two days of the resident being detained at the agency. Therefore, all resident education reviewed by the auditor took place within ten days of intake. Zero (0) resident education took place beyond the tenth (10) day of detention during the prior 12-month period.

Moreover, the agency PREA education format explained the agency's zero tolerance position against sexual abuse and harassment, the agency policies and procedures related to PREA, and how residents can report incidents or suspicion of sexual abuse. The manual also provides residents with information on agency rules, resident rights, program expectations, the grievance procedure and PREA reporting methods. Specialized staff interviews confirmed that a disabled resident with limited reading skill would be verbally read the Resident Detention Manual as well as PREA related educational material. Resident education included a review of definitions of sexual misconduct, consequences for sexual abuse, prevention strategies, how to report retaliation and reporting options for the resident of the agency. Telephonic translation services are available to the resident who is not proficient in English. Residents sampled during the onsite audit also confirmed that they were aware of multiple reporting methods to include anonymous and third-party reporting, the Zero-Tolerance Policy and their right to be free from retaliation. Interviews with staff (random and specialized) and an examination of documentation also confirm that the agency met compliance requirements with Standard 115.333.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Madison County Youth Center, Policy Number 115.334, Specialized Training: Investigations, pages 1-2, mandated general training to all staff. The agency does not conduct criminal or administrative investigations. Sexual abuse investigations are immediately reported to the Department of Child Services (DCS) and the Madison County Sheriff's Department. DCS and the Madison County Sheriffs have the legal authority to investigate all reports of sexual abuse. DCS refers all substantiated findings of criminal misconduct to the Madison County Sheriff's Department for prosecution. The Madison County Sheriff's Department also has the legal authority to investigate and prosecute all criminal findings of sexual abuse. The Madison County Youth Center, PREA Coordinator, to the extent the agency investigates sexual abuse has completed specialized training (PREA and Sexual Assault Investigation. MCYC complied with Standard 115. 334.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the agency do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.335, Specialized Training: Medical and Mental Health Care, page 1, addressed the requirements of Standard 115.335. During the onsite audit period, the auditor confirmed that medical and mental health practitioners staff such as the Physician, Therapist, and Registered Nurse completed PREA related on how to detect, assess, sexual abuse and harassment, how to preserve physical evidence, how to report allegations or suspicion of sexual abuse to administration. Agency medical staff at this facility DOES NOT conduct forensic medical exams. Madison County Youth Center provided documentation to confirm the training related to Standard 115.335.

The medical and mental health personnel training records also confirmed that these staff employees receive the same PREA training as correctional staff and have an understanding of their duty to report any knowledge of sexual abuse/assault, even when disclosed during a healthcare encounter. The auditor confirmed by examination that 100% or 6 medical and mental health care practitioners who work regularly at MCYC received the training required by agency policy. Training does not refer to certifications needed to conduct forensic examinations.

All cases requiring the processing of sexual assault evidence collection kits are transported to a Madison County, Sexual Assault Treatment Center, Community Hospital, Anderson, Indiana where Sexual Assault Nurse Examiners (SANE) are available always (a SANE nurse was interviewed telephonically and confirmed access to these services). A SANE clinician was interviewed and confirmed that residents have access to these services. Interviews with medical and mental health staff also confirmed the provision of specialized training and that they are aware of their duty to report and address allegations and suspicions of sexual abuse/harassment. MCYC met the requirements of Standard 115.335.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the agency, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained: During classification assessments? ☒ Yes ☐ No
- Is this information ascertained: By reviewing court records, case files, agency behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the agency of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.341, Screening for Sexual Victimization and Abusiveness, pages 1-2, complied with requirements in Standard 115.341 to reduce the risk of sexual abuse of a resident. Madison County Youth Center has a policy that prohibits disciplining residents for refusing to

answer or for not disclosing complete information during the screening. A sample of twenty (20) intake processing forms for the prior 12-month period revealed that Madison County Youth Center conducted the intake processing within two days of a resident being detained at the agency but always within 72 hours. All residents are assessed for a history of sexual abusiveness and risk of sexual victimization and abusiveness during the in-processing procedure performed in the intake receiving and discharge (R&D) area.

A review of screening documents by the auditor confirmed that residents identified at high risk for sexual victimization or risk of sexually abusing other residents were routinely referred to a counselor or mental health professional and they would receive a further assessment. A resident counselor completed the screening for sexual victimization and abusiveness on the disabled resident by reviewing records or other pertinent information from other entities such as DCS and through a resident interview. The counselor also considered additional relevant information such as the age of the resident, his physical build, his developmental disability and current charges and the potential for victimization in the agency. The agency policy and staff interviews with the nurse and counselor confirmed information received during the screening process is deemed confidential and only available to staff on a need-to-know and never to other residents. Specialized staff (nurse and counselor) also confirmed that access to screening for sexual victimizations and abusiveness documentation is maintained in a secure location (nurse or counselor file cabinet) accessible is limited. The above documentation confirmed the agency's compliance with Standard 115.341.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a agency for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female agency on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
☒ Yes ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making agency and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the agency clearly document: The basis for the agency's concern for the resident's safety? (N/A for h and i if agency doesn't use isolation?) ☒ Yes ☐ No ☐ NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the agency clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if agency doesn't use isolation?) ☒ Yes ☐ No ☐ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the agency afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Madison County Youth Center, Policy Number 115.342, Use of Screening Information, pages 1-3, addressed the requirements of Standard 115.342. The auditor confirmed by examination that risk screening information is used to determine housing, bed assignment, education, and program assignments.

Determinations for various assignments were made on a case-by-case basis. The intake screener confirmed that they were provided with additional training and resource materials. The agency decides whether bed assignments for male or female residents. During the onsite audit zero (0) females, (0) transgender (0) gay (0) bisexual and zero (0) intersex resident self-identified residents. Madison County Youth Center through an interview with the Superintendent and the PREA Coordinator confirmed that housing and programming assignments for transgender or intersex resident would be decided on a case-by-case basis, careful consideration is given to all assignments. Assignment consideration includes whether a placement would ensure the health and safety of the resident and whether the placement would present management or security problems. The agency Superintendent and PREA Coordinator confirmed during interviews that placement and programming assignments for each transgender or intersex resident would be reassessed at least once every six months or twice yearly. The agency policy on the use of screening information, page 8, states that a transgender or intersex resident's view concerning their safety is given serious consideration when making these assignments. All resident including transgender and intersex residents are given the opportunity to shower, dress and use toilet facilities separately from other residents. Residents sampled nine (9) total (random) all confirmed that they shower individually, that all residents could use the toilet and change clothes privately.

Staff (random and specialized) interviews and support documentation confirmed that medical and mental health staff meet on a regular basis to assess the status of any resident thought to be at risk for victimization or a resident exhibiting detention adjustment problem. An interview with the agency PREA Coordinator, intake officer, and random staff confirmed that a transgender resident's genital status is not the sole criteria for placement on a specific living unit in the agency. Interviews with random staff, an examination of documentation/policy and overall site observation during the agency tour confirmed that Madison County Youth Center follows the requirements established in Standard 115.342.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the agency provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Madison County Youth Center, Policy Number 115.351, Resident Sexual Misconduct, pages 1-2, provided multiple methods for residents to report sexual abuse and harassment like tell a trusted staff person, write the PREA Coordinator, file a grievance, call the DCS hotline 1-800-800-5556 or write the agency Superintendent. The Madison County Youth Center, Secure Detention Resident Handbook, and PREA postings addressed the requirements of Standard 115.351.

Interviews with residents (random) confirmed that residents were aware of internal and external reporting avenues. Intake processing forms also confirmed residents are made aware of multiple ways (including verbally, in writing, privately, from a third party and anonymously) for residents to report sexual abuse or

harassment. Residents interviewed were aware of third party reporting methods such as dialing 1-800-800-5556 on the phone located in the multipurpose room to access DCS Hotline or by sending uncensored correspondence to an attorney or Judicial Officers. Residents were informed about the reporting methods through the intake process, the Madison County Youth Center, Secure Detention Resident Handbook, PREA video, PREA postings in the housing units and common areas and as part of the orientation process. During the onsite interview with residents (random) confirmed to the auditor multiple ways to internally and externally report sexual abuse.

During the tour of the agency, a sufficient number of posters were displayed on walls throughout the agency with information telling residents how to report sexual abuse and harassment. All staff (random and specialized) interviewed affirmed they would accept reports of sexual abuse/harassment from residents made verbally, in writing, anonymously and from third parties. Also, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior, the PREA Coordinator and agency Superintendent while keeping the resident safe. Madison County Youth Center has an affirmative policy for staff to immediately report and document any allegation of sexual abuse or harassment. Family and friends of residents may report sexual abuse/harassment by using the Madison County Youth Center website, calling the DCS hotline, making a phone call to the PREA Coordinator or the agency Superintendent. Residents at Madison County Youth Center are not detained solely for civil immigration purposes. Interviews with staff (random and specialized) and an examination of documentation also confirmed compliance with Standard 115.351.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the agency may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.352, Exhaustion of Administrative Remedies, pages 1-4, addressed the requirements of Standard 115.352. The auditor confirmed by examination that MCYC made residents aware that MCYC does not impose a time limit on when a resident may submit a PREA related grievance.

Residents (random) interviewed explained the process for filing a grievance. Residents (random) affirmed that they could file a grievance on any shift then return the form to any staff member. All residents interviewed indicated that they felt safe and would tell a staff member if they had a complaint of any nature to include PREA related abuse/harassment issues. An excerpt from Madison County Youth Center, Policy Number 115.352, Exhaustion of Administrative Remedies indicates;

“A resident can submit a grievance to any staff member. No grievance is ever referred back to a staff member who is the subject of the complaint.”

Grievances (administrative remedies) filed alleging sexual abuse/harassment would result in the immediate opening of a formal investigation by MCYC. The agency considers any filing of a grievance reporting sexual abuse/harassment as an urgent matter. Madison County Youth Center has a policy indicating a response time of immediately but always within 72 hours for all grievances to include complaints indicating a resident believes they are under a substantial risk of imminent sexual abuse, an expedited response is required by the agency to be always provided within 48 hours.

The PREA Coordinator confirmed that a resident is not required to use any informal grievance process before filing an allegation involving sexual abuse/harassment. The PREA Coordinator also acknowledged that unless the agency claimed an extension of time to respond (up to 70 days) the resident would receive a response to the grievance within 90 days. Moreover, the grievance process was confirmed during interviews with each resident (random) during the onsite audit review period.

A review of documentation related to grievances indicated;

- 115.352 (d)-2 In the past 12 months, the number of grievances that were filed that alleged sexual abuse: Zero (0)
- 115.352 (d)-3 In the past 12 months, the number of grievances alleging sexual the abuse that reached a final decision within 90 days after being filed: Zero (0)
- 115.352 (d)-4 In the past 12 months, the number of grievances alleging sexual the abuse that involved extensions because final decision was not reached within 90 days: Zero (0)

Interviews with the PREA Coordinator and residents (random) and a review of policy documentation all support that Madison County Youth Center complied with Standard 115.352.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the agency provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the agency provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the agency enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the agency inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the agency provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the agency provide residents with reasonable access to parents or legal guardians?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.353, Resident Access to Outside Support Services and Legal Representation, page 1, addressed the requirements of Standard 115.353 and affirmed that the agency provided all residents with reasonable access to victim advocates for emotional support services related to sexual abuse. All residents have direct access to DCS by phone, mail or third-party reporting. This policy indicates that;

...staff will contact an attorney, victim advocate or mental health care provider on behalf of a resident. The resident may talk privately on the phone (MCYC does not listen in or record phone calls)."

By examination the auditor confirmed that MCYC has an MOU with Alternative Inc., to provide emotional support services related to sexual abuse for residents. MCYC informed residents through the Secure Detention Resident Handbook and verbally during the intake process the extent to which such communications will be monitored.

Each resident (random) interviewed validated MCYC provided access to parents and legal guardians in addition to all documentation examined, review of proof of practices confirmed that Madison County Youth Center complied with Standard 115.353.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy Number 115.354, page 1, addressed the requirements of Standard 115.354. During the onsite visit, the auditor contacted DCS to test the third-party reporting system. Accessibly for reporting as a third-party reporter can be accomplished by a resident, a family/friend of the resident, or the public and contacting;

1. Department of Child Services (DCS) Hotline at (800) 800-5556

Residents (random) interviewed were aware of the MCYC process for contacting a third-party to report sexual abuse. Residents indicated that they could walk into the group room and use the telephone throughout the day. The auditor noted that the hotline number was posted in the same group room. Madison County Youth Center complies with Standard 115.354 by examination of the applicable policy and verifying accessibility of residents by contacting the local third-party reporting source. MCYC met the requirements of Standard 115.354.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a agency, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the agency head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No
- Upon receiving any allegation of sexual abuse, does the agency head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the agency has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the agency head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA
- If a juvenile court retains jurisdiction over the alleged victim, does the agency head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

- Does the agency report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.361, Resident Report, pages 1-3, addressed the requirements of Standard 115.361. The auditor confirmed by the review that Madison County Youth Center has a policy that mandates all staff to immediately report any knowledge, suspicion or information concerning resident sexual abuse/harassment to the agency Superintendent or other reporting sources such as DCS and the Madison County Sheriff's Department. The auditor confirmed by examination of employee and training files;

MCYC has all employees sign a confidentiality form, a PREA acknowledgment and questionnaire stating that there is ZERO Tolerance for sexual abuse, sexual misconduct, and sexual harassment at the Madison County Youth Center. Each staff signs that they acknowledge and understand that they have a continuing affirmative duty to disclose any such misconduct and that material omission regarding such misconduct or the provision of materially false information shall be grounds for termination. All staff receives annual training on confidentiality and PREA standards. Copies of confidentiality forms and PREA acknowledgment questionnaires are kept in the employee personnel file.

Likewise, Madison County Youth Center requires all employees, volunteers, and contractors to report any allegation of child abuse by local and state child abuse laws. (MCYC Employee Handbook, Attachment #4 and the MCYC Policy and Procedure Manual; Standard 8-6-38 "Child Abuse and Neglect). The auditor confirmed staff understood their role in complying with applicable mandatory child abuse reporting laws through random and specialized interviews. Each staff member to include volunteers and a contractor was asked to explain their reporting duties. All the staff was very knowledgeable. MCYC policy states;

"The Madison County Youth Center requires all employees; volunteers, and contractors to report any allegation of child abuse by local and state child abuse laws (see MCYC Volunteer and Contract Personnel Handbook). The Madison County Youth Center Volunteer and Contract Personnel Handbook state that MCYC is bound to protect the privacy of every individual receiving service. As a visitor/volunteer of MCYC, they must hold all information received by the resident and their families STRICTLY CONFIDENTIAL. A volunteer/contract personnel of the Madison County Youth Center agrees to share with no one, including other MCYC residents, information about the identity, location, and circumstances of individuals receiving services."

As specified by the policy, Madison County Youth Center prohibits staff from revealing any information related to a sexual abuse investigation, other than what is required for the treatment, incident review, the DCS/Madison County Sheriff's Department investigative process, or security decision-making purposes.

Indiana State Policy indicates;

"Pursuant to Indiana Criminal Code IC 31-33-5-1 all employees of the Court and Agency are considered professional reporters and, as a result, must immediately report any reason to believe a child is a victim of abuse or neglect to the Indianapolis Department of Child Services hotline by calling (800) 800-5556."

During interviews, specialized staff explained to the auditor how and why they would inform residents at the initiation of services of their duty to report and the limitations of confidentiality. They also demonstrated their understanding of the roles and responsibility of a staff member if a resident reports sexual abuse. From statements gleaned during interviews, specialized and random staff were very knowledgeable regarding their reporting duties and the policy requirements associated with PREA related resident reports. MCYC policy states;

"Medical and mental health care practitioners are [sic] required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality."

Indiana State Policy indicates;

"Pursuant to Indiana Criminal Code IC 31-33-5-1 all medical and mental health employees of the Court and Agency (contract or otherwise) are considered professional reporters and, as a result, must immediately report any reason to believe a child is a victim of abuse or neglect to the Indianapolis Department of Child Services hotline by calling (800) 800-5556."

The PREA Coordinator explained her duty to alert the agency Superintendent in the event of a PREA related incident. During his interview, the Superintendent of the facility explained to the auditor his duty to report immediately any knowledge, suspicion or information concerning resident sexual abuse/harassment to initiate an investigation. Also, the agency Superintendent explained that his duty to report extended to the notification of his supervisor, the custodial parent(s) of the victim (unless otherwise noted by court order), legal guardian (unless stated otherwise indicated by court order), or legal representative (within 14 days). All the staff was very knowledgeable. MCYC complied with Standard 115.361.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 116.362, Agency Protection Duties, page 1, addressed the requirements of Standard 115.362. During the onsite audit interviews with random and specialized staff confirmed that each staff person was aware of their role and responsibilities when they become aware or suspect that a resident was being or has been sexually abused or sexually harassed or was in substantial risk of imminent sexual abuse that they should take immediate action to protect the resident. Moreover, both random and specialized staff interviewed indicated they would act immediately to protect the resident by separating and protecting the victim from the abuser. In the event the resident reports sexual abuse, staff confirmed that they would isolate the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and would call the notify the PREA Coordinator, Shift Supervisor and the agency Superintendent for assistance. For example, the interviewed Intake Officer stated they would further protect the victim, inform the Nurse, medical practitioner, and counselor. A policy excerpt said;

"The Madison County Rape and Sexual Assault Guidelines states upon learning staff, volunteer and/or contractor that a resident is subject to a substantial risk of imminent sexual abuse, by another resident, staff, volunteer and/or contractor the first staff member to respond to the report shall be required to separate the alleged victim and abuser."

A review of documentation related to Standard 115.362 indicated;

- 115.362 (a)-2 In the past 12 months, the number of times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0)
- 115.362 (a)-3 If the agency or facility made zero (0) determinations in the past 12 months, the amount of time passed before acting, on average: Zero (0)
- 115.362 (a)-4 The longest time passed before acting: not applicable

Moreover, in the past 12 months, there were no instances in which the agency staff determined that a resident was subject to substantial risk of imminent sexual abuse. Additionally, a review of Madison County Youth Center's employee training curriculum, investigative log, and policy documentation demonstrated proof of compliance during the on-site audit process. MCYC complied with Standard 115.362.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another agency, does the head of the agency that received the allegation notify the head of the agency or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No
- Does the head of the agency that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the agency head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy Number 115.363, Reporting to Other Confinement Facilities, page 1, addressed the requirements of Standard 115.363. MCYC PREA Coordinator confirmed that all personnel to include staff, contractors and volunteers are mandated to immediately report PREA related allegations that occurred at another agency immediately to the head of the agency or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. The notification process also includes notification of DCS Child Abuse Hotline at 1-800-800-5556. The PREA Coordinator indicated she would document the information. MCYC Night Shift Supervisor confirmed that the notification

process would take place as soon as possible but no later than 72 hours after receiving the allegation. Madison County Youth Center would document the incident as confirmed by the MCYC Night Shift Supervisor. By way of memorandum, Madison County Youth Center indicated that zero incidents of receiving an allegation that a resident was sexually abused while confined at another agency. The auditor also confirmed the notification process with the Agency Superintendent. MCYC provided a sample of the most recent PREA related notification that occurred in 2013. The agency Superintendent, PREA Coordinator, Night Shift Supervisor confirmed that each administrator understood the notification process and documentation requirements for proof of compliance with Standard 115.363. MCYC complied with Standard 115.363.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.364, Staff First Responder Duties, page 1, addressed the requirements of Standard 115.364. All random and specialized staff interviewed were knowledgeable regarding their duties as first responders and the actions necessary when learning of an allegation of sexual abuse/harassment. All staff (random and specialized) persons interviewed during the on-site audit review period, indicated they would separate the residents, secure the area as a crime scene, not allow either (victim/accused) resident to destroy any physical evidence and notify DCS and the Madison County Sheriff's Department, the agency Superintendent, and the PREA Coordinator. In the past 12 months, the number of allegations received by the agency that a resident was sexually abused was zero. Within the last year, there were zero (0) incidents requiring staff to act as a first responder to an allegation of sexual abuse/harassment (security or non-security personnel). Interviews with staff (random and specialized) and an examination of documentation confirm compliance with Standard 115.364.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the agency developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and agency leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.365, Coordinated Response, page 1-5, addressed the requirements of Standard 115.365. The auditor verified that the agency has an institutional coordinated response plan to act in response to a report of sexual abuse. The policy identified the members of the coordinated response team as several community agencies and organizations located in Anderson, Indiana such as Community Hospital, Alternatives, Inc., and the Madison County Sheriff's Department. Each organization or agency has an MOU in place with MCYC to coordinate actions in response to a report of sexual abuse. An examination of documentation also confirmed compliance with Standard 115.365 such as;

MOU with Community Hospitals PREA Policy for residents of MCYC (Medical)
MOU with Alternatives Inc. of Madison County – Victims Advocacy Services (Mental Health)
MOU with Madison County Health Department (Medical)
MOU with Madison County, Sexual Assault Treatment Center at Community Hospital, Anderson, Indiana (Mental Health/Medical)
MOU with Madison County Sheriff's Department (First responders)
Coordinated Response Policy, Rape, and Sexual Assault Guidelines – First Responder Duties (staff first responders)

MCYC met the requirements for Standard 115.365.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115. 366, Preservation of Ability to Protect Residents from Contact with Abusers, page 1, addressed compliance with Standard 115.366. The agency does not participate in collective bargaining. The agency Superintendent by way of memorandum indicated that the agency would not enter into an agreement that would limit the Madison County Youth Center's ability to remove alleged staff sexual abuser from contact with residents pending the outcome of a DCS or Madison County Sheriff's Department of an investigation or of a determination of whether and to what extent disciplinary actions are required or warranted. MCYC complied with Standard 115.366.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? ☒ Yes ☐ No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.367, Agency Policy Against Retaliation, pages 1-2, addressed the requirements of Standard 115.367. The policy confirmed the agency's intent to protect a resident or staff person from retaliation; the agency prohibits retaliation against any staff or resident who has reported sexual abuse, sexual harassment or cooperated in any related investigation.

The PREA Coordinator is the designated retaliation monitor. During the onsite audit, the PREA Coordinator confirmed that she would document and follow up on all potential cases of retaliation to ensure policy enforcement. Also, the PREA Coordinator (retaliation monitor) confirmed that she would conduct frequent periodic status checks on the resident or staff member, monitor incident reports, housing reassignments and negative performance reviews/staff job reassignments for up to 90 days. If there was a concern that there was a potential for possible retaliation, the PREA Coordinator indicated she would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the last 12 months. Agency compliance with Standard 115.367 was determined by a review of policy, staff interviews (random and specialized) to include the PREA Coordinator. MCYC met the requirements of Standard 115.367.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.368, Post-allegation Protective Custody, page 1. This policy addressed the requirement of Standard 115.368. Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the provisions of § 115.342. The agency policy indicated that use of segregation for protecting a resident who alleged sexual abuse shall be accompanied by the resident having all rights, opportunities, and services offered to all residents unless except in exigent circumstances. The PREA Coordinator explained that segregation is a last resort. The exigent circumstance that modifies the resident rights while in segregation would document in detail and approved by the Superintendent and the PREA Coordinator. There were zero residents placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy during the onsite review period, random and specialized staff interviews coupled with a memorandum from the Superintendent validating involuntary segregation was not utilized to separate a resident victim from an abuser during this audit review period. MCYC complied with Standard 115.368

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/agency is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
☒ Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the agency cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy Number 115. 371, Criminal and Administrative Investigations, pages 1-3, addressed the requirements of Standard 115.371. The agency would begin the initial report as the first responder, protect the victim and secure the crime scene. Madison County Youth Center refers any report of abuse to DCS and the Madison County Sheriff's Department for investigation. Madison County Youth Center

follows all recommendation made by DCS and the Madison County Sheriff's Department to include recommendations to prosecute the abuser.

According to the policy and confirmed by the PREA Coordinator, MCYC does not require any resident who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. To the extent of the agency's involvement in the investigative process the credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff person.

Compliance with Standard 115.371 was determined by a review of the Criminal and Administrative Investigations Policy, page 1-3, and a staff interview with the agency PREA Coordinator. There were zero (0) allegations of criminal/administrative sexual abuse reports made during the 12 months of this review period. MCYC complied with Standard 115.371.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy Number 115.372, Evidentiary Standard for Administrative Investigations, page 1, addressed the requirement of Standard 115.372. The evidentiary measure for this standard as outlined in the policy is a "preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA Coordinator was aware of the evidentiary standard of measure requirement in determining whether allegations of sexual abuse/sexual harassment are substantiated. The PREA Coordinator confirmed awareness of the evidentiary standard of measure. Madison County Youth Center refers any report of abuse to DCS and Madison County Sheriff's Department

for investigation. Madison County Youth Center follows all recommendation made by DCS and the Madison County Sheriff's Department when an investigation appears to be criminal. MCYC complied with Standard 115.371.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency agency, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency agency, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/agency is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the agency? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the agency? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency? ☒ Yes ☐ No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the agency?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the agency?
☒ Yes ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy number 115.373, Reporting to Residents, page 1-2, addressed the requirements of Standard 115.373. Madison County Youth Center refers all reports of sexual abuse criminal/administrative to DCS and the Madison County Sheriff's Department in Anderson, Indiana. There were zero (0) investigations of alleged resident sexual abuse in the agency that was completed by an outside agency in the past 12 months. Therefore (0) residents were notified by the agency of outcomes to investigations. The agency Superintendent indicated during his interview that the agency requires staff to notify residents as to whether any allegations were determined to be substantiated, unsubstantiated, or unfounded.

The PREA Coordinator confirmed that if an allegation involved staff, the resident would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the agency if the staff member was indicted or convicted on a charge related to sexual abuse within the agency. The PREA Coordinator and the agency Superintendent confirmed their understanding that all notifications or attempts

to notify a resident shall be documented. MCYC compliance with Standard 115.373 was determined by a review of policy and staff interviews.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy Number 115.376, Disciplinary Sanctions, page 1, addressed the requirements of Standard 115.376. All employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there has been zero (0) staff from Madison County Youth Center terminated or resigned instead of termination for violating the agency sexual abuse/harassment policies. Agency compliance with this standard was determined by a review of policy, document review (employee file review, employee handbook, training records, training curriculum) and interviews with the PREA Coordinator and the agency Superintendent.

115.376 (b)-1 -In the past 12 months, the number of staff from the facility that has violated agency sexual abuse or sexual harassment policies: zero (0)

115.376 (b)-2 -In the past 12 months, the number of staff from the facility that has been terminated (or resigned before termination) for violating agency sexual abuse or sexual harassment policies: zero (0)

115.376 (c)-2 -In the past 12 months, the number of staff from the facility that has been disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies: zero (0)

Madison County Youth Center zero (0) disciplinary sanction by way of affirmation from the PREA Coordinator. MCYC met the requirements of Standard 115.376.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the agency take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy Number 115.377, Contractors, and Volunteers, page 1, Volunteer/Contractor Handbook, pages 5-8, address the requirements of Standard 115.377. MCYC's policy and handbook indicated any contractor or volunteer who engages in sexual abuse/harassment would be prohibited from contact with residents and would be reported DCS and the Madison Sheriff's Department. The PREA Coordinator confirmed that an incident report would also be given to any relevant professional/licensing/certifying organization unless the activity was not criminal.

In cases that were not criminal, The Superintendent of Madison County Youth Center confirmed that he would take appropriate remedial measures and consider whether to prohibit further contact with a resident in the agency.

During the previous 12-month review period there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment at MCYC. Compliance with Standard 115.377 was determined by a review of the agency policy, Superintendent's memorandum, staff interviews (PREA Superintendent). MCYC complied with Standard 115.377.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

- If the agency offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the agency consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☐ Yes ☒ No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Madison County Youth Center, Policy Number 115.378, Interventions and Disciplinary Sanctions for Residents Interventions, page 1-3, the Secure Detention Resident Handbook and MCYC policy addressed Standard 115.378. By way of memorandum, the Superintendent confirmed that in the past 12 months, the number of residents placed in isolation for resident-on-resident sexual abuse was zero (0). The Secure Detention Resident Handbook outlines prohibited behaviors such as sexual relationships with another resident or staff person, and consensual sexual relation (staff or resident) are also prohibited acts. The agency affirmed disciplining a resident for sexual contact with a staff member when the staff member did not consent to such contact. The policy states;

"Madison County Youth Center will place disciplinary sanctions on a resident once an investigation is complete and is found that they did engage in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse."

Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between residents does not constitute sexual abuse. Coerced sexual activity does not constitute a disciplinary sanction for the behavior. Sanctions are commensurate with the nature and circumstances of the abuse committed. The resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Residents are subject to disciplinary sanctions under the formal disciplinary process defined in the Secure Detention Resident Handbook. Madison County Youth Center does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the sexual misbehavior of the resident when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the agency considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. Agency compliance with this standard was

determined by a review of the agency policies, documentation, staff (PREA Coordinator) and resident (random) interviews. MCYC complied with Standard 115.378.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.381, Medical and Mental Health Screening; History of Sexual Abuse, page 1-2, addressed compliance with the requirements outlined in Standard 115.381. To measure compliance, the auditor examined twenty (20) risk screening instruments from 2017, conducted nine (9) resident interviews (random), and interviewed specialized staff. The policy specifically states;

"MCYC requires all residents to complete an intake health screen and PREA Risk Assessment. If the screening indicates that a resident has experienced prior sexual victimization, (whether it occurred in an institutional setting or the community), the Therapist must be contacted a follow-up meeting will be scheduled within 72 hours.

"MCYC requires all residents to complete an intake health screen and PREA Risk Assessment. If the screening indicates that a resident has previously perpetrated sexual abuse, (whether it occurred in an institutional setting or the community), the Therapist must be contacted a follow-up meeting will be scheduled within 72 hours.

A review of the agency's "Risk of Sexual Victimization" and "Risk of Sexual Abusiveness" forms confirmed that residents who disclosed prior victimization during screening were offered a follow-up screening with the medical or Therapist within 72 hours of arrival but always within fourteen (14) days of the intake screening. In the past 12 months, the percentage of resident disclosing victimization during screening who were offered a follow-up meeting with medical or mental health practitioners was 100 percent or seven (7) residents in 2017. All instances were forwarded to the unit therapist. The mental health practitioner/Unit Therapist met with each resident and with the help of the probation department got the residents set up for on-going therapy once they are released. There were three (3) residents in 2017, that disclosed previously perpetrated sexual abuse. The Unit Therapist meets with the residents while they are in our custody. If it has not been already required, the probation officer will arrange for an evaluation to be completed. Again, the mental health practitioner/Unit therapist and the probation officer arrange for mental health services to continue after the resident returns to the community.

Treatment services are offered by the agency without financial cost to the resident. As confirmed by observation and a review of intake screening documents, screening for prior sexual victimization was conducted by the Nurse and counselor as a part of the in-processing procedures. The agency in-processing procedure also screened for previous sexually assaultive behavior in an institutional setting or the community. When indicated, residents are offered a follow-up meeting the Therapist 72 hours but always within fourteen (14) days of the intake screening as outlined in Standard 115.381.

Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from a resident before reporting prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of eighteen (18). Agency compliance with this standard was determined by a review of policy, review of documentation and staff and resident interviews. MCYC complied with Standard 115.381.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.382, Access to Emergency Medical and Mental Health Services, page 1, addressed the requirements of Standard 115.382. By policy, Madison County Youth Center provides unimpeded and timely access to emergency medical treatment to resident victims of sexual abuse. By examination, MCYC has an MOU with the Sexual Assault Center at Community Hospital in Anderson, Indiana. The agreement provides;

Sexual Assault Center at Community Hospital agreed to provide medically necessary and appropriate treatment to residents presenting to the hospital for treatment related to possible victimization of sexual assault. This treatment includes, but is not limited to, the following:

Providing a forensic examination

Victim advocacy is offered through a community provider (Alternatives, Inc., or MYCY Unit Therapist). There is no financial cost to the resident for any sexual abuse/harassment related incident medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. Resident victims of sexual abuse are offered information about and timely access to information on sexually transmitted infection prophylaxis by professionally accepted standards of care, where medically appropriate.

There was one (1) allegation of sexual abuse that required referral for forensic evidence collection by a SANE in the last twelve (12) months. Agency compliance with this standard was determined by a review of policy, a review of the MOU with the Sexual Assault Center at Community Hospital, Anderson, Indiana and a telephonic interview with a Sexual Assault Nurse Examiner, a community victim advocate, and specialized staff. MCYC complied with this Standard 115.382.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the agency offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile agency? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the agency provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male agency.) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male agency.) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.383 (h)

- Does the agency attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.383, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, page 1-2, addressed the requirement of Standard 115.383. As confirmed by a review of the policy, the agency offers medical and mental health evaluation and as appropriate, follow-up services, and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup or juvenile agency. The evaluation and treatment of such victims include treatment planning and continued care and follow-up services if the resident is transferred to another agency or release from custody. The facilities have fully staffed medical and mental health departments and offer sexual abuse/harassment victims with medical and mental health services consistent with the standard of care available in the community. Resident victims, while detained, would be offered to test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known resident-on-resident abusers at least within 60 days of learning of such abuse history, but usually immediately when staff become aware of this information and offer appropriate treatment to the resident. Agency compliance with this standard was determined by a review of policy, review of documentation and interviews with specialized staff (medical and mental health). MCYC met the requirements of Standard 115. 383.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the agency conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the agency? ☒ Yes ☐ No

- Does the review team: Examine the area in the agency where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the agency head and PREA compliance manager? ☒ Yes ☐ No

115.386 (e)

- Does the agency implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.386, Sexual Abuse Incident Review, page 16, addressed Standard 115.386. MCYC has a policy that mandates an incident review at the end of substantiated and unsubstantiated sexual abuse investigations but within 30 days of the conclusion of the investigation. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment by DCS and the Madison County Sheriff's Department.

Madison County Youth Centers, Sexual Incident Review Team includes members of upper management to include the agency PREA Coordinator, Manager of Secure Detention and Security, PREA Coordinator, the Secure Detention Day and Evening Shift Supervisors, Manager of Clinical Services, a representative from S&R Medical, the Unit Therapist, and the Compliance Monitor.

Interviews with the specialized staff confirmed that each team member could explain what considerations would indicate a need for policy changes or change in an agency practice that would prevent, detect or

improve the agency's response to sexual abuse. Answers from the team member included motivating factors such as race, gender identity; transgender, or intersex identification. The PREA Coordinator indicated that the team also decides if additional monitoring technology or staffing should be added to enhance resident supervision, examine the location of the incident (if applicable), assess the adequacy of staffing during different shifts. The Sexual Review Team would prepare a report of its findings, provide their recommendations for improvement and provide a summary of findings to the Agency Superintendent. The agency would either document any reasons for not following the recommendations of the committee.

In the past twelve (12) months, the number of criminal/administrative investigations of alleged sexual abuse completed at the agency excluding unfounded investigations was zero (0). While the facility reported one (1) SANE examination, the resident was not an Indiana resident of the state. The juvenile was a Texas resident. She reported sexual abuse that occurred in Texas. By Standard 115.363, Madison Juvenile Detention Center contacted the local Department of Child Services (DCS) and completed a SANE forensic examination on the resident. Indiana DCS in conjunction with Madison Juvenile Detention Center and contacted the Texas DCS of the allegations to allow for the notification of the appropriate investigative agency in that state. MJDC and the local DCS notification process took place within 24 hours of MJDC notification of the allegation from the resident. The resident was returned to Texas the next day. In 2017, all required reviews by the incident review team were completed within 30 days of the conclusion of all investigations. Compliance with this standard was determined by a review of policy, documentation, interviews with members of the incident review team such as the PREA Coordinator and Nurse. MJDC met the requirements of Standard 115.386.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private agency with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.387, Data Collection, page 1, addressed the requirements of Standard 115.387. As confirmed by a review of documents, the agency collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument with a defined set of definitions. Madison County Youth Center tracks information concerning sexual abuse using data from the facilities DCS investigations. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. Madison County Youth Center aggregates and reviews all data annually. Upon request, Madison County Youth Center would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Agency compliance with Standard 115.387 was also determined by a review of policy, a review of tracking documentation and an interview with the PREA Coordinator, and specialized staff. MCYC complied with Standard 115.387.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each agency, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a agency? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.388, Data Review for Corrective Actions, page 17, addresses the requirements of Standard 115.388. Madison County Youth Center reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problem areas and to take corrective action if needed. The PREA Coordinator prepares and forwards a report to the Agency Superintendent. The agency Superintendent approves the report and makes the report available to the public through the agency's website. The Annual Report was reviewed by the auditor. The report can be found at the following website address:
<http://www.indy.gov/eGov/Courts/Superior/Juvenile-Detention-Center/Pages/PREA-MCYC> Agency compliance with this Standard 115.388 was determined by a review of policy, a review of data and interviews with the PREA Coordinator and the agency Superintendent. MCYC met the requirements of Standard 115.388.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

Madison County Youth Center, Policy Number 115.389, Data Storage, Publication, and Destruction, page 1, addressed the requirement of the Standard 115.389. By interview with the PREA Coordinator and the agency, Superintendent confirmed that all personal identifiers are removed from aggregated sexual abuse data before it is made available to the public. A review of the data on the website confirmed that personal identifiers were removed before the information was made available to the public. Agency data is maintained in locked files or on computer databases that are user ID and password protected. The annual reports were comprehensive and covered all data requirements outlined in Standard 115.389. Compliance with this Standard 115.389 was determined by a review of policy, an examination of data files, staff interviews with the PREA Coordinator and the agency Superintendent. MCYC met the requirements of Standard 115.389.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each agency operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☐ Yes ☐ No ☒ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each agency type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited agency?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

This PREA audit is the first for Madison County Youth Center, Anderson, Indiana. Madison County Youth Center allowed the auditor to conduct private interviews with both residents and staff.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single agency agencies, the auditor shall ensure that the agency's last audit report was published. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single agency agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the agency does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the agency.

This PREA audit is the first for this agency therefore no final audit reports were issued in the last three years.

AUDITOR CERTIFICATION

I certify that:

- ☐ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love

7/16/2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.